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UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

CONFIRMATION NO. 6009

<b>SERIAL NUMBER</b> 09/368,848	<b>FILING DATE</b> 08/05/1999 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 498-18-DIV/R	
<b>APPLICANTS</b> PETER J. SCHMITT, GARNERVILLE, NY;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 08/462,230 06/05/1995 PAT 5,653,746 WHICH IS A DIV OF 08/208,182 03/08/1994 PAT 5,443,499					
<b>** FOREIGN APPLICATIONS *****</b> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/31/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> <u>Alto</u> <u>ance</u> Verified and Acknowledged <u>DM</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 23869					
<b>TITLE</b> RADIALLY EXPANDABLE TUBULAR PROSTHESIS					
<b>FILING FEE RECEIVED</b> 1426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER		FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/368,848 REISSUE		08/05/99	623	3738	498-18-DIV/R		
APPLICANT	PETER J. SCHMITT, GARNERVILLE, NY.						
	**CONTINUING DOMESTIC DATA*****						
	VERIFIED THIS APPLN IS A RE OF 08/462,230 06/05/95 PAT 5,653,746 WHICH IS A DIV OF 08/208,182 03/08/94 PAT 5,443,499						
	**371 (NAT'L STAGE) DATA*****						
	VERIFIED						
	**FOREIGN APPLICATIONS*****						
	VERIFIED						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/31/99							
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged		Examiner's Initials _____ Initials _____		NY	5	31	7
ADDRESS	HOFFMANN & BARON LLP 6900 JERICHO TURNPIKE SYOSSET NY 11791						
TITLE	RADIALLY EXPANDABLE TUBULAR PROSTHESIS						
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
\$1,426							